## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10721255

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			12		-		- 1	RATE	FEE	ן ו	RATE	FEE	
FOR			NUMBER FILED .		NUMBI	ER EXTRA		BASIC FEE	<del></del>	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			12 minus 20= *		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS					D	· .		X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	170		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
(Column 1)			T	(Column		(Column 3)		SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBEF PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NITATION OF MI	Minus	***	1 4144	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT B	;	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBEF PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		<u>,</u> =		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	£.	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	:	OR	+290=		
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
		(Column 1)	!	(Column		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	ENDENT CI				X43=		o'R	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OF											+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE										∩P L	TOTAL		
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN THIS	SPACE is les	ss than	3, enter *3.*	Λ.				NDDIT. FEE <b>L</b> JMN 1.		